MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY PERMITING AND COMPLIANCE DIVISION WASTE MANAGEMENT SECTION

WASTE MANAGEMENT SECTION PO BOX 200901

HELENA, MT 59620-0901

Phone: (406) 444-5300 Fax: (406) 444-1374

LICENSED SOIL TREATMENT FACILITY ANNUAL REPORT FORM

I.	OPERATION		
1.	Is prior approval to accept each waste load being obtained from the Department of Environmental Quality? Yes () No ()		
2.	What is the total acreage under treatment?		
3.	How many treatment cells are in use?		
4.	What is the date and volume of waste that was last accepted? Date vol.		
II.	GROUND WATER		
5.	Do you have ground water monitoring wells? Yes () No ()		
6.	Please list each well by ID# and/or name		

	Well ID/name	Well ID/name	Well ID/name
Seasonal static water level - from designated measuring point at top of well casing (3 times /year)	ft.	ft.	ft.
(5 times/year)	ft.	ft.	ft.
	ft.	ft.	ft.
Well sampling dates (April, July, Oct.)			
Date analyzed (required 2-4 times/year) TPH			
BTEX			
Other Constituents			

7.	List acreage of site or cells under treatment			
8.	Dates of seasonal sampling	April		
		July		
		Oct.		
9.	Total number of samples collected and analyzed	April		
		July		
		Oct.		
***A'I	TTACH SAMPLE RESULTS			
IV.	MAINTENANCE			
10. Date landfarm maintenance samples were performed.				
	Nutrients			
	Moisture			
	pH			
***ATTACH SAMPLE RESULTS				
V.	AIR QUALITY			
11.	Has the landfarm exceeded 25 tons/year of VOCs?	Yes () No ()		
VI.	BELOW TREATMENT ZONE (BTZ)			
12.	Date BTZ sampled Oct.			
13.	Number of BTZ samples collected and analyzed			
14.	Is there evidence that leaching has occurred by change in the BTZ baseline character? Yes () No ()			
15.	Was the Waste Management Section notified of the change? Yes () No ()			

TREATMENT ZONE SEASONAL SAMPLING

Page 6

***ATTACH SAMPLE RESULTS

III.

VII. RECORDS

16. Are records being maintained which include all of the following: Yes () No ()

ID/tracking code

source

volume

contaminant

initial concentration

treatment cell location

application date

treatment schedule and method (i.e. tillage frequency, nutrient additions, moisture enhancement, organic

amendments, etc.)

sample dates

analyses performed

analytical results

final placement, if removed

THE ANNUAL REPORT SHALL BE SENT TO THE DEPARTMENT OF ENVIRONMENTAL QUALITY NO LATER THAN 90 DAYS FOLLOWING THE LAST YEARLY OCTOBER SAMPLING EVENT.

Send to:

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY PERMITING AND COMPLIANCE DIVISION WASTE MANAGEMENT SECTION PO BOX 200901 HELENA, MT 59620-0901

***Please Attach Copies of Analytical Results